FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

MAY 0 8 2004

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

	OMB APPROVAL							
	OMB Number:	3235-0076						
	Expires:	May 31, 2	005					
	Estimated average burden							
Ì	√nours per respo	nse16	3.00					
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1	SEC USE ONLY							
	Prefix	Serial						

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: ✓ New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Third Sector Systems, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 482 U.S. Route 2, Waterbury, Vermont 05676 (802) 498-0101 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Software and related services for not for profit organizations Type of Business Organization 7 corporation limited partnership, already formed other (please specify): limited partnership, to be formed business trust Actual or Estimated Date of Incorporation or Organization: 0 4 Actual | Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction) 

# GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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# A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers Check Box(es) that Apply: ✓ Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Gonnet, Yves Business or Residence Address (Number and Street, City, State, Zip Code) 482 U.S. Route 2, Waterbury, Vermont 05676 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Z Director Managing Partner Full Name (Last name first, if individual) Crowl, John A. Business or Residence Address (Number and Street, City, State, Zip Code) 482 U.S. Route 2, Waterbury, Vermont 05676 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Composto, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 482 U.S. Route 2, Waterbury, Vermont 05676 Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Bruneau, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 482 U.S. Route 2, Waterbury, Vermont 05676 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer 7 Director General and/or Managing Partner

Full Name (Last name first, if individual) Gignoux, Reginald Business or Residence Address (Number and Street, City, State, Zip Code) 482 U.S. Route 2, Waterbury, Vermont 05676 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Raffis, Louis Business or Residence Address (Number and Street, City, State, Zip Code) 482 U.S. Route 2, Waterbury, Vermont 05676 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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1	Uac the	iccuer colo	l or does th	a iccuar i	ntend to se	il to non-a	ccraditad i	nvectore in	thic offeri			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									×				
2.								\$					
_	3. Does the offering permit joint ownership of a single unit?									Yes	No		
3. 4												K	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	l Name (1	Last name	first, if indi	ividual)									
Bus	siness or l	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	(ip Code)						
Nar	ne of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	······	4**************************************		•••••	••••••		☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (I	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or Dea	aler				•••					
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)					<b></b>			States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (1	Last name	first, if indi	ividual)									
- Duy	inass or	Dacidana	Addraga (X	Jumbaran	d Street C	ity Stota	7in Codo)						
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	500,000.00	25,000.00 \$
	Partnership Interests		\$
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	1	\$ 25,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	1	\$_25,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<b>Z</b>	\$_2,500.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 2,500.00

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS		
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the '	'adjusted gross	\$	
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The tota proceeds to the issuer set forth in response to P	any purpose is not known, furnish ar l of the payments listed must equal the	n estimate and		
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees			_ 🗆 \$	
	Purchase of real estate		\$	\$	
	Purchase, rental or leasing and installation of n	nachinery		4	
	and equipment		<del></del>		
	Construction or leasing of plant buildings and		[] \$	\$	
	Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another	¬ \$	П\$	
	Repayment of indebtedness				
	Working capital				
	Other (specify):				
				_ 🗆 \$	
	Column Totals		\$_0.00	\$ <u>497,500.00</u>	
	Total Payments Listed (column totals added)		\$ 497,500.00		
		D. FEDERAL SIGNATURE	<del>_</del>		
		•			
sig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	furnish to the U.S. Securities and Excl	hange Commission, upon writ		
lss	uer (Print or Type)	Signature O	Date		
Th	ird Sector Systems, Inc.	145	April <b>2</b> 004		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
n-4	er S. Erly, Esq.	Assistant Secretary			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)